PART B - FEE(S) TRANSMITTAL

complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

indicated unless correct maintenance fee notifica		nerwise in Block 1, by (a				arate FEE ADDRESS for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
57299 Kathy Manke	7590 08/16/2007			Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
Avago Technolo 4380 Ziegler Ro			Sta add trai	tes Postal Service w dressed to the Mail asmitted to the USPT	Stop ISSUE FEE address (C) (571) 273-2885, on the c	above, or being facsimile late indicated below.	
Fort Collins, CO 80525				(Depositor's name)			
						(Signature)	
						(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/616,214			William W. Brown		10030275-1	9777	
·	I: PAM-4 DATA SLICE	R HAVING SYMMETR	ICAL OFFSET				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	МО	\$1400	\$300	\$0	\$1700	11/16/2007	
EXAMINER		ART UNIT	CLASS-SUBCLASS]			
DSOUZA, JOSE	PH FRANCIS A	2611	375-316000				
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). I Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form r10/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to agents OR, alternated (2) the name of a sing registered attorney or a registered patent att	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSI VAGO TECHNOL	less an assignee is ident h in 37 CFR 3.11. Comp GNEE GIES GENERO	.119 (Singapor	data will appear on the T a substitute for filing ar (B) RESIDENCE: (CIT	patent. If an assigned assignment. Y and STATE OR Co	Singapore	locument has been filed for	
Please check the appropr	riate assignee category or	categories (will not be pr	rinted on the patent):	Individual V Co.	rporation or other private gr	oup entity Government	
4a. The following fee(s) ☑ Issue Fee ☑ Publication Fee (N ☐ Advance Order -	No small entity discount p		b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 503118 (enclose an extra copy of this form).				
a. Applicant claim	tus (from status indicate is SMALL ENTITY stati	is. See 37 CFR 1.27.			L ENTITY status. See 37 C		
NOTE: The Issue Fee an nterest as shown by the	d Publication Fee (if req records of the United Sta	uired) will not be accepted tes Patent and Trademark	d from anyone other than Office.	the applicant; a regis	stered attorney or agent; or t	he assignee or other party in	
Authorized Signature	Soft			Date <u>8</u>	29100		
Typed or printed nam		Deitrel	Registration No. 54534				
This collection of inform an application. Confiden submitting the complete his form and/or suggest Box 1450, Alexandria, V	nation is required by 37 C tiality is governed by 35 d application form to the ions for reducing this bu rirginia 22313-1450. DC	CFR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the ONOT SEND FEES OR (on is required to obtain or 1.14. This collection is e depending upon the indi e Chief Information Offic COMPLETED FORMS T	retain a benefit by the stimated to take 12 n vidual case. Any concer, U.S. Patent and CO THIS ADDRESS	ne public which is to file (an inutes to complete, including mments on the amount of the trademark Office, U.S. Dep. SEND TO: Commissioner	d by the USPTO to process) ng gathering, preparing, and me you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450,	

Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.